



Management Systems

MANAGEMENT BULLETIN

Subject: Mandatory Monthly CDD-801A (Monthly Child Care Population Information) Data Collection Form Submittal and Instructions	No: 00-17
Authority: Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PL 104-193); Federal Regulations: 45 CFR Part 98, Child Care and Development Fund (CCDF), Subpart H—Program Reporting Requirements, Sections 98.70-.71); California Education Code Section 8261.5.	Date: October 2000
Reference: Management Bulletins 98-17, 99-10, 99-12	Expires: When Rescinded

ATTENTION: EXECUTIVE OFFICERS/SUPERINTENDENTS; PROGRAM DIRECTORS OF ALL CALIFORNIA DEPARTMENT OF EDUCATION (CDE) CHILD CARE AND DEVELOPMENT PROGRAM CONTRACTS (except Resource and Referral Program Contracts); AND CALSAFE PROGRAM COORDINATORS

PURPOSE

The purpose of this Management Bulletin (MB) is to update the form and instructions for the CDD-801A and to remind ***all*** child care and development program contractors except resource and referral agencies of the need to report monthly on this report as specified previously in MB 98-17. ***(Failure to report or to correctly report all required data elements will result in withholding of non-complying contractors' child development apportionments consistent with their funding terms and conditions).*** Cal-SAFE programs will not be required to report until electronic submission of the CDD-801A is implemented.

BACKGROUND

Some child care and development program contractors have either not submitted the CDD-801A or have not included all required data elements. Lack of complete data from contractors prevents the California Department of Education (CDE) from complying with federal Department of Health and Human Services Department (DHHS) reporting requirements. This jeopardizes up to \$11.4 million in federal funds for child care in California.

These instructions combine instructions from MB 98-17 and MB 99-10 with additional clarifications to improve accuracy. Further changes to the CDD-801A and instructions for electronic submission will be provided later this year.

INSTRUCTIONS

1. All contractors (except resource and referral programs) receiving child care and development program funds (either state or federal) from the California Department of Education (CDE) are required to submit complete and accurate monthly CDD-801A reports by the fifteenth of the month following the report month. It is the responsibility of the agency contracting with the CDE, not the subcontractor, to ensure all reports are submitted on time. These reports are critical in providing information for purposes of meeting federal reporting requirements, making state budgeting and policy decisions, and meeting Maintenance of Effort (MOE) requirements for both the federal Child Care and Development Fund (CCDF) and Temporary Assistance to Needy Families (TANF). Failure to meet federal reporting requirements or failure to meet California MOE requirements will result in the loss of funds for California, which would directly impact child care and development contracts.

All contractors (except resource and referral agencies) receiving child care and development program funds (either state or federal) from the California Department of Education (CDE) are required to submit monthly reports completely and accurately by the fifteenth of the month following the report month.

2. Only one report per agency shall be sent. ***If an agency has multiple contracts, these must be compiled into one report*** in order to reduce duplication and unnecessary follow-up at the state level. Agencies that are closed part of the year (e.g., during the summer months) are required to notify the Department the month prior to closing, what contract types are included in the closure and for what months.
3. Contractors must follow the attached instructions in submitting reports. If you have questions, please contact your assigned consultant or e-mail your questions to datarept.@cde.ca.gov. Attached are listings of the geographic assignment for each Child Development Division and Cal-SAFE consultant and his or her telephone number.
4. ***Even though their child care and development component is not administered through child care and development contracts, Cal-SAFE program agencies will be required to report effective with electronic submission.*** CDD-801A reporting will be incorporated into the Cal-SAFE Program Management Information System (MIS) and will be mandatory for all Cal-SAFE agencies when electronic submission is available later this year. ***Please note that only information about school age families who are receiving child care services through Cal-SAFE will be reported on the CDD-801A.***

5. This Management Bulletin replaces Management Bulletins 98-17 and 99-10.

Lucia C. Becerra
Director, Management Systems
Child, Youth and Family Services Branch

Kathy B. Lewis
Deputy Superintendent
Child, Youth and Family Services Branch

Attachments:
Instructions
CDD-801A
CDD and Cal-SAFE Consultant Assignment listings

CDD-801A (MONTHLY CHILD CARE POPULATION INFORMATION) INSTRUCTIONS

Agencies must report on all families receiving CDE-subsidized child care and development services during the report month. **List each head-of-household only once for the report month. Do not list children unless they are determined to be a family of one. Do not include families that are not subsidized or are not receiving child care in the report month. Please type or print in black ink or provide a computer-generated form that is identical in format to the CDD-801A.**

Reports must be submitted by the 15th of the month following the report month to:

Management Systems
California Department of Education
560 J Street, Suite 260
Sacramento, CA 95814

The information requested may be found on the Confidential Application for Child Development Services and Certification of Eligibility (CD 9600). **All data elements are required unless otherwise indicated below.** Use at least a 10-point font to complete the form. If handwritten, make sure entries are neat, legible, and in black ink.

AGENCY IDENTIFICATION INFORMATION AND REPORT MONTH. Enter identification information for your agency. Do not include other agency names or subcontractor information in this area. If the e-mail address of the contact person is unavailable, mark *N/A*. Report month and year is the month for which family information is being reported. If the agency is closed during the summer, complete only Agency Identification and Report Month information for each month agency will be closed, note that agency will be closed, and submit with report for last month that the agency is open prior to closure. If the agency is open for part of a month, a report must be submitted for that month.

1. **Family Identification/Case Number.** Enter your agency's identification number for the head-of-household **receiving** child care assistance during the report month. ***This is required only if the agency does not have a social security number for the head-of-household.*** The head-of-household is the person for whom eligibility is determined. The family identification/case number can be used by the agency to identify families selected for child-level data collection for the federal government or for the State. It is used to prevent duplication of cases. Only one identification number should be assigned to a family per agency.
2. **Social Security Number.** Enter the social security number for the head-of-household receiving assistance provided consent has been obtained from that person via the Child Care Data Collection Privacy Notice and Consent Form, CD 9600A (1/00). (See Joint Technical Assistance Bulletin 99-03.) If consent was not given, leave this field blank. ***If a child is determined to be a "family of one" (foster child), the social security number shall not be submitted and the field shall be left blank.***
3. **Last Name, First Name, Middle Initial.** Enter the last name, first name, and middle initial (if applicable) for the head-of-household. If a child is determined to be a "family of one", enter the child's last name, first name, and middle initial (if applicable).

CDD-801A (Monthly Child Care Population Information) Instructions (continued)

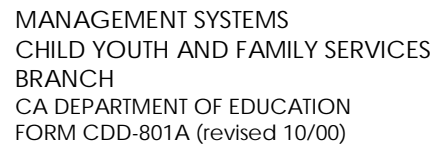
4. **ZIP Code of Family Receiving Assistance.** Enter the five- or nine-digit ZIP code for the residence of the head-of-household receiving assistance.
5. **TANF Recipient.** Enter Y if the head-of-household received any type of Temporary Assistance to Needy Families (TANF) (in California, CalWORKs) assistance, and enter N if they did not.
6. **Greater than 75 Percent of State Median Income.** Enter Y if the income used to determine eligibility of the family receiving assistance is greater than 75 percent of the state median income level. Enter N if the family's income was at or below 75 percent of the state median income. Use the 9/1/2000 Fee Schedule.
7. **Reason for Receiving Child Care.** Enter the ***letter*** for the primary reason why the head-of-household received child care services. This is the primary reason for determining eligibility. If more than one reason applies, choose the primary reason. Choose only one answer.
- | | |
|--|---|
| A. Child Protective Services; | F. Both employment and training/education; |
| B. Incapacity of parent; | G. Seeking employment; |
| C. Incapacity of child, special needs of child, severely handicapped child; | H. Homeless or seeking housing; |
| D. Employment; | I. None of the above; Child attends State Preschool. |
| E. Vocational or college training/education; | J. Cal-SAFE participant |
8. **Program Codes.** Enter the four-letter program code(s) found in your agency's contract with CDE which indicates the type(s) of contract under which the family received services in the reporting month. If children in the family received child care services under more than one contract type (program code), enter ***all*** codes that apply to the family. The following are the program codes for 2000-2001.

F2AP	CCDF AP Stage 2
F3TO	CCDF AP Stage 3
FAPP	CCDF Alternative Payment
FCPS	CCDF Child Protective Services
FCTR	CCDF Centered Based
FFCC	CCDF Family Child Care Homes
FHUD	CCDF HUD Child Care
G2AP	CalWORKs (Stage 2)
G3TO	AP Stage 3 POST TCC
GAPP	Alternative Payment

GCAM	Campus With Match
GCPS	Child Protective Services
GCTR	General Child Care
GFCC	Family Child Care Homes
GHAN	Handicapped Child Care
GHUD	HUD Child Care
GLTK	Extended Day Care (Latchkey)
GMIG	Migrant Child Care
GPRE	State Preschool
GWAP	Full Day Preschool Wrap Around
CALS	Cal-Safe

Signature and Date. It is only necessary to sign and date the last sheet if you indicate how many pages are included in the submission.

Questions? If you have questions on how to report information on the CDD-801-A, please contact your program consultant or e-mail your question to datarept@cde.ca.gov.



See Reverse Side for Instructions

Reporting Date _____
Contact Person _____
Phone Number _____
Fax Number _____
E-Mail _____

Vendor number _____
Agency name _____
Address _____
City _____ CA ZIP _____

I understand that the information above contained on this report may be reviewed by representatives of the State of California, the Federal Government, independent contractors, or others as necessary for the administration of the program.

Signature: _____ Date: _____ Number of pages in this Report: _____

FORM CDD-801A MONTHLY CHILD CARE POPULATION INFORMATION COLLECTION INSTRUCTIONS

Every month, report all requested information for each family receiving Child Development subsidized childcare assistance, sign and date the first page, note number of pages in the report, and mail to address on front of form by the 15th of the following month. Attach additional pages if needed. PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. Complete one report for each agency. Questions? Contact datareport@cde.ca.gov.

Report Month (REQUIRED)	Contact Person and Phone Number (REQUIRED)	Vendor Name, Number, and Address (REQUIRED)
Enter the month and year for which information for these families is being reported.	Enter the child care agency contact person's name, phone number, fax number and email address.	If a mailing label is not attached to the front of this form, please enter this information in the spaces provided.

Submit a blank report for summer months vendor is closed with the report for the last open month; include only report month and agency identification information.

1. Family Identification/Case Number (REQUIRED IF NO SOCIAL SECURITY NUMBER FOR THE FAMILY) Enter your agency's identification number for the head-of family receiving child care assistance. The "head-of-household" is the person for whom eligibility is determined. The family identification/case number can be used by your agency to identify families selected for case-level data collection should a family in your agency be selected for case-level reporting.		
2. Social Security Number (REQUIRED IF CONSENT OBTAINED) Enter the social security number for the head-of-household receiving assistance. If the family consists of one person such as a foster child, do not submit the social security number. If a social security number is NOT available, then leave this space blank.		
3. Last Name, First Name, Middle Initial (REQUIRED) Print the last name, first name, and middle initial of the head-of-household.		
4. ZIP Code of Family Receiving Assistance (REQUIRED) Enter the five- or nine-digit ZIP code for the residence of the head-of-household receiving assistance.		
5. TANF Recipient (REQUIRED except for GPRE, GCPS, FCPS, GHAN Contracts) Indicate whether the head-of-household received any type of TANF assistance at any time during the reporting month. Enter a "Y" if the family received TANF assistance, and enter a "N" if the family did not receive TANF assistance.		
6. Greater Than 75 Percent State Median Income (REQUIRED) Enter a "Y" if the income used to determine eligibility of the family receiving assistance is greater than 75 percent of the state median income (SMI) level. Enter "N" to indicate that the family's income was at or below 75 percent of the state median income. Only families grandfathered in January 1998 should be above 75 percent of SMI.		
7. Reason for Receiving Child Care (REQUIRED) Enter the letter for the primary reason why the head-of-household received child care services. If more than one reason applies, choose the primary reason. Choose only one answer.	A. Child Protective Services. B. Incapacity of parent. C. Incapacity of child, special needs of child, severely handicapped child. D. Employment.	E. Vocational or college training/education. F. Both employment and training/education. G. Seeking employment. H. Homeless or seeking housing. I. None of the above; Child attends State Preschool.
8. Program Codes (REQUIRED) Enter the four-letter program code(s) from your CDE contract(s) for which the family received services in the reporting month. Please enter all codes that apply to the family. List the family only once for the report month. Cal-SAFE programs use CALS.	FCPS CCDF Child Protective Services FCTR CCDF Centered Based FFCC CCDF Family Child Care Homes FHUD CCDF HUD Child Care G2AP AP CalWORKs (Stage 2) G3TO AP Stage 3 Post TCC GAPP Alternative Payment GCAM Campus With Match GCPS Child Protective Services GCTR General Child Care	GFCC Family Child Care Homes GHAN Handicapped Child Care GHUD HUD Child Care GLTK Extended Day Care (Latchkey) GMIG Migrant Child Care GPRE State Preschool GWAP Full Day Preschool Wrap Around CALS California School Age Families Education
F2AP CCDF AP CalWORKs Stage 2 F3TO CCDF AP CalWORKs Stage 3 FAPP CCDF Alternative Payment		

CAL-SAFE PROGRAM

Phone: 916-654-3898

Fax: 916-657-4969

www.cde.ca.gov/calsafe

CONSULTANT ASSIGNMENTS 2000-01

Mitzi Inouye	Ronda Simpson- Brown	Juanita Weber
916-657-4973	916-653-4297	916-657-5488
COUNTY	COUNTY	COUNTY
Butte (2)	Colusa (1)	Alameda (6)
El Dorado (1)	Del Norte (1)	Contra Costa (1)
Imperial (3)	Fresno (5)	Madera (3)
Nevada (1)	Humboldt (1)	Merced (1)
Orange (3)	Kern (3)	Monterey (5)
Placer (3)	Kings (1)	San Bernardino (8)
Riverside (4)	Lake (1)	San Francisco (1)
Sacramento (5)	Lassen (1)	San Joaquin (2)
San Diego (7)	Mendocino (1)	San Mateo (3)
Shasta (2)	Napa (1)	Santa Clara (5)
Siskiyou (1)	San Luis Obispo (2)	Santa Cruz (2)
Sutter (1)	Santa Barbara (3)	Stanislaus (1)
Tehama (2)	Solano (2)	Tuolumne (1)
	Sonoma (2)	
	Tulare (7)	
	Ventura (3)	
	Yolo (1)	

Los Angeles County Assignments

Mitzi Inouye	Ronda Simpson-Brown	Juanita Weber
916-657-4973	916-653-4297	916-657-5488
DISTRICT	DISTRICT	DISTRICT
Alhambra City USD	ABC USD	Los Angeles COE
Baldwin Park USD	Bassett USD	Montebello USD
Charter Oak USD	Hacienda La Puente USD	Santa Monica-Malibu USD
El Monte UHSD	Long Beach USD	
Pasadena USD	Los Angeles USD	
West Covina USD	Paramount USD	
	Rowland USD	
	Walnut Valley USD	
	Whittier UHSD	

9/1/2000